## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT **AS FILED** DEP. DEP. DEP. IND. IND. IND. IND. DEP. IND. IND. DEP. ! TOTAL IND. TOTAL IND. \_1 18 W TOTAL DEP. TOTAL CLAIMS TOTAL DEP. \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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